

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
SEMI PUBLIC AND MINOR MUNICIPAL**

PERMIT APPLICATION PACKAGE

This is an application for a National Pollutant Discharge Elimination System (NPDES) permit to discharge treated sanitary wastewater from a semi-public, minor municipal, State, or Federally owned wastewater treatment facility. Facilities with design flows of one (1) million gallons per day (MGD), or greater, are considered major facilities and must complete a Major Municipal Discharger Application instead.

Included in this package is a checklist noting all items to be submitted with the application. Please ensure that all items appearing on the checklist are accurately completed and submitted to avoid delays and/or denial of the application. Also, included in this application package is an application form, a treatment facility inventory form, a potentially affected persons form, instructions for completion of these forms, and information regarding the fifty (\$50) dollar application fee. For assistance in completing this application, call 317/ 232-8760.

***NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
SEMI PUBLIC AND MINOR MUNICIPAL FACILITIES
APPLICATION COMPLETENESS CHECKLIST***

This sheet is provided as a checklist to the permittee. Please ensure that all information in this application is complete and correct when submitted. **Incomplete or inaccurate information may result in delays in permit issuance and/or denial of the permit application.** If you have questions regarding completion of this NPDES permit application package, please call 317/232-8760 for assistance.

The following information **must** be included as part of the NPDES permit application:

- ✓ Completed, signed Application Form
- ✓ Completed Facility Inventory Form
- ✓ Fifty dollar (\$ 50) Permit Application Fee
- ✓ Potentially Affected Persons List
- ✓ Topographic map showing plant and outfall(s) location(s)
- ✓ Additional facility diagrams, Combined Sewer Overflow (CSO) Listings, etc. necessary to adequately describe facility
- ✓ **New** facilities must also submit Letters of Approval from the County Health Department and County Commissioners

Enclosures: NPDES Permit Application
Facility Inventory Form
Fee Information
Potentially Affected Persons Information
Information Sheets

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
APPLICATION FOR PERMIT TO DISCHARGE
INSTRUCTION SHEET**

These instructions are provided to clarify the questions on the Application for Permit to Discharge Form and to request additional information necessary to draft an NPDES permit. Each numbered statement corresponds to the numbered items in the application.

1. Fill in the name of the facility. Fill in the name of the nearest city or town, the NPDES number (if the facility has ever had an NPDES permit), and the name of the county. If this is a new facility, an NPDES # will be assigned.

2. Check the appropriate box to indicate the type of ownership:

<u>Semi-Public:</u>	any facility not municipally, state, or federally owned (i.e., mobile home parks, schools, restaurants, etc.).
<u>Minor Municipal:</u>	any municipally owned facility with a design flow of less than 1 MGD (towns, cities)
<u>State Owned:</u>	a facility owned by a state agency (state parks, state prisons, etc.)
<u>Federally Owned:</u>	a facility owned by a federal agency (military installation, national park, federal penitentiary, etc.)

3. Type of permit requested:

<u>New:</u>	the facility has never operated under an NPDES permit
<u>Renewal:</u>	the facility is currently operating under a current or expired NPDES permit
<u>Modification:</u>	the facility is operating under an NPDES permit but has made or is making significant changes (i.e., treatment process, or amount of flow)

4. Fill in issuance and expiration dates for current or expired NPDES permits.

5. Owner or Legally Responsible Party:

The legally responsible party may consist of but is not limited to:

Town Council / Board President

Superintendent / School Board President

Mayor

Owner

6. Resident Manager or Person in Charge on Site:

List a person who is in constant contact with the facility.

7. Certified Operator:

List the Certified Operator responsible for the facility

List the Certification number and Classification the operator holds (i.e., Class I, II, III, IV)

8. Facility:

List the actual physical location of the plant so that a person who has never been there can pinpoint it on a map. The description should include Street names and addresses, county road numbers, and/or U.S. Geological Survey quadrangle name, section, township and range when applicable.

9. List the mailing address if it is different from the physical location.

10. Consultant / Engineer:

Complete this information only if the facility is currently working with a consultant or engineer.

11. Fee Requirements:

All facilities are subject to a \$50 application fee. If the fee is not included, the application cannot be processed.

12. Signature Block:

The application form must be signed by a person legally responsible for the facility.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

SEMI PUBLIC AND MINOR MUNICIPAL FACILITIES

APPLICATION FOR PERMIT TO DISCHARGE

(Note: This form replaces the Semi-Public Application and the Municipal Short Form A)

1. Facility Name: _____

NPDES #: IN ____ _

City/Town: _____

(New applicants will be assigned a NPDES number later.)

County: _____

2. Facility Type:

Semi-Public ____

Minor Municipal ____

State Owned ____

Federally Owned ____

3. Type of Permit Action Requested:

New ____

Renewal ____

Modification ____

4. If Facility has an Existing Permit:

Date of Issuance ____/____/____

Date of Expiration ____/____/____

Owner or Legally Responsible Party: (Town Board President/Mayor)

5. Name of Responsible Party _____

Facility Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () ____ - ____

Resident Manager or Person in Charge on Site:

6. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () ____ - ____

Certified Operator:

7. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () ____ - ____ Certification #: _____ Classification: _____

Facility:

8. Physical Location: (Use street names, county road numbers, and/or U.S. Geological Survey Quadrangle name, section, range and township) _____

-
-
-
-
9. Mailing Address, if different from facility location:

Address: _____

City: _____ State: _____ Zip Code: _____

Consultant / Engineer: (If applicable)

10. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ - _____

Fee Requirement:

11. An application fee of fifty dollars (\$50) must be submitted to this agency with this application before the permit application may be processed. Make the check or money order payable to the *Indiana Department of Environmental Management* and show on the check or money order the name of the discharging facility.

Signature Block:

12. This application **must** be signed by a person in responsible charge (such as the owner, partner, a corporate officer, school board president, school superintendent, etc.) to be valid. This signature, attests to the following:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information to be true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

(Printed Name of Person Signing)

(Title)

(Date of Application)

(Signature of Applicant)

Return Completed Application and Associated Materials to:

Indiana Department of Environmental Management
Office of Water Management - NPDES Permits Section
100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

TREATMENT FACILITY INVENTORY

INSTRUCTION SHEET

These instructions are provided to clarify the questions on the Treatment Facility Inventory Form and to request additional information necessary to draft an NPDES permit. Each numbered statement corresponds to the numbered items in the application.

1. Insert the appropriate volumes in million gallons per day (MGD).

The Average Design Flow is defined as the volume of flow which the facility is designed to treat.

The Average Flow is defined as the average monthly volume of flow through the facility. This number is obtained by averaging the reported flows from the last twelve (12) months of operation.

The Maximum Flow is defined as the maximum amount of flow that the facility is designed to treat.

2. Check the appropriate type of sewer system. If the system is combined storm and sanitary sewers, then also include the percentage of the sewer system that is combined.
3. A Bypass Point is defined as any point in the system where wastewater can be intentionally diverted to avoid treatment at the facility. Check the appropriate box to indicate whether such points exist. Also, list the corresponding 3-digit ID# of each bypass, a detailed location description, and the receiving stream. If more than three (3) bypass points exist, attach a supplemental sheet to this application.
4. An Overflow Point is defined as any point in the collection system where wastewater can be unintentionally discharged from the collection system. Check the appropriate box to indicate whether such points exist. Also, list the corresponding 3-digit ID# of each overflow, a detailed location description, and the receiving stream. If more than three (3) overflow points exist, attach a supplemental sheet to this application.
5. Enter the number of existing plant outfalls other than bypass or overflow points. List all outfalls by their 3-digit ID#'s and provide a detailed description of their location (preferably using U.S. Geological Survey Quadrangle name, section, range, and township) and their respective receiving streams. Mark each point on a topographic map.
6. Check whether the facility discharges within two (2) miles upstream of any lake, reservoir, or sinkhole. If it does, provide the name of the lake, reservoir, or state that it enters a sinkhole. The distance is to be calculated from the actual outfall point to the receiving stream's entry point to any lake, reservoir, or sinkhole.
7. Check whether the facility discharges within forty (40) miles upstream of any lake, reservoir, or sinkhole. If it does, provide the name of the lake, reservoir, or state that it enters a sinkhole. The distance is to be calculated from the actual outfall point to the receiving stream's entry point to any lake, reservoir, or sinkhole.

8. Enter the distance from this facility to the nearest publicly-owned treatment works measured as a straight line from facility to facility. Also, identify the name of the treatment facility.
9. List the name of the stream receiving the facility's discharge. If the receiving stream is an unnamed ditch, swale, or field tile, then also list the first named water body that the receiving stream flows into. (i.e., an unnamed ditch to Blue River)
10. Identify any industries which contribute industrial process wastewater to the collection system. Also, estimate the percentage of total volume of influent that industrial wastewaters comprise and check all the contaminants that have the potential to be present in the industrial wastewaters.
11. If the facility is a municipal treatment facility with significant industrial flow, or is a new facility, enter the population served as well as the population equivalent. The population equivalent is defined by 327 IAC 5-1-2-35 as the calculated population which would contribute a particular amount of biochemical oxygen demand (BOD) per day, using the base of seventeen-hundredths (0.17) pounds of five (5) day BOD per capita per day.
12. If the facility is a semi-public treatment facility, enter the number of customers served.
13. Check the box that describes the level of treatment provided by the treatment facility.
14. Indicate whether the facility operates as a controlled or continuous discharger. A controlled discharge is defined by 327 IAC 5-1-2-(8) as a discharge of wastewater from a wastewater treatment plant which is designed and operated to control the volume of discharge, either by manual adjustment or by an automated control mechanism, such that the discharge rate does not exceed a prescribed fraction of the stream flow rate at any given time.
15. Check all treatment processes currently in operation at the facility.
16. Check the type of disinfection utilized by the facility, as well as the application method used (i.e., Chlorine tablets, Chlorine gas, etc.). Do the same for the dechlorination question. If the facility utilizes ultra-violet (UV) light disinfection, also indicate whether a UV light intensity meter is installed. If another method of disinfection is utilized, or none at all, please explain.
17. Check the type of sludge handling method(s) utilized. If another method is used, explain.
18. Check the method of sludge disposal utilized. For land application of solid or liquid wastes, include the land application permit number as well. If another method of disposal is utilized, please explain.
19. List any recent, on-going, or proposed construction or change in treatment processes. Describe the construction or changes in detail, including the IDEM construction permit number and month of issuance. Add additional sheets, if necessary.
20. Describe the facility in detail including all equipment, processes and layout. Include a flow diagram, and a copy of a topographic map marking the location of the facility, all combined sewer overflow (CSO) and

bypass points, and all plant outfalls.

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

***NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
TREATMENT FACILITY INVENTORY***

Facility Capacity:

1. Please answer the following questions in Million Gallons Per Day (MGD):

Average Design Flow_____ Average Flow_____ Maximum Flow_____

Collection System:

2. Check one of the following:

100 % Sanitary Sewers_____ Combined Storm and Sanitary Sewers_____

If combined, what percentage of collection system is combined_____
%

3. Does the treatment system contain any bypass points? ☐ Yes ☐ No

If Yes, provide the bypass ID #(s) and corresponding location(s) (Attach additional sheets, if necessary)

ID #_____ Location:_____

—
Receiving Stream:_____

— ID #_____ Location:_____

—
Receiving Stream:_____

— ID #_____ Location:_____

—
Receiving Stream:_____

4. Does the treatment system contain any overflow points? ☐ Yes ☐ No

If Yes, provide the bypass ID #(s) and corresponding location(s) (Attach additional sheets, if necessary)

ID #_____ Location:_____

—
Receiving Stream:_____

— ID #_____ Location:_____

— ID #	— Receiving Stream:_____
	— Location:_____
	— Receiving Stream:_____
	—

Facility Outfalls:

5. Number of Separate Plant Outfalls (Other than bypass or overflow points):____	
List all separate plant outfalls below: (Attach additional sheets, if necessary)	
ID #	Location:_____
—	— Receiving Stream:_____
ID #	Location:_____
—	— Receiving Stream:_____
ID #	Location:_____
—	— Receiving Stream:_____
—	—

6. Does the facility discharge within two (2) miles upstream of a lake, reservoir, or sinkhole? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name of lake, reservoir, or sinkhole_____

7. Does the facility discharge within forty (40) miles upstream of a lake or reservoir? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name of lake, reservoir, or sinkhole_____

8. What is the distance from this facility to the nearest publicly-owned treatment works? _____ Miles What is the name of this facility?_____

Receiving Stream:

9. Name of Receiving Stream: (If the immediate receiving stream is an unnamed ditch, swale, or field tile, so specify, but also give the name of the stream to which it is tributary)_____

Waste Contributors:

10. <u>Both Municipal and Non-Municipal:</u> List any industrial process water contributors:_____

Percentage of flow due to industry:_____%

Does the discharge contain or have the potential to contain the following?: (Check all that apply)

☐ Al ☐ Cd ☐ Cr ☐ Cu ☐ Pb ☐ Hg ☐ Zn ☐ CN ☐ Ni ☐ Phenols

Others_____

11. Municipal:

Population Served:_____ Population Equivalent:_____

12. Semi-Public: (Enter the number of customers currently served by the facility.)

Number of students: K thru 6_____ Higher grades:_____

Number of mobile home units:_____ Number of campground lots, or motel units:_____

Beds: (If facility serves as a nursing home, hospital, etc.)_____

Commercial Establishments_____

Treatment Description:

13. Type of Treatment:

☐ Primary ☐ Secondary ☐ Advanced

14. Is your facility designed to operate as a controlled discharger? ☐ Yes ☐ No

15. Treatment Processes: (Check all that apply.)

- ☐ Regular Activated Sludge ☐ Rotating Biological ☐ Anaerobic Digestion ☐ Two Day Lagoon
☐ Extended Aeration ☐ Contactors ☐ Aerobic Digestion ☐ Phosphorus
☐ Oxidation Ditch ☐ Nitrification ☐ Rapid Sand Filter ☐ Removal
☐ Sequential Batch Reactor ☐ Aerated Lagoons ☐ Microstrainer ☐ Post Aeration
☐ Trickling Filter ☐ Waste Stabilization ☐ Flow Equalization ☐ Flow Meter
☐ Septic Tank ☐ Lagoon ☐ Constructed Wetland
☐ If other processes are used, please check and explain as part of the facility description in item 20.

Disinfection:

- 16.** ☐ Chlorination Type/Method:_____
☐ Dechlorination Type/Method:_____
☐ Ultra-violet Light If ultra-violet light is used, is a UV light intensity meter installed? ☐ Yes ☐ No
☐ Other Method (Please explain.)_____

Sludge Handling/Disposal:

17. Handling: (Check all that apply)

☐ Sludge Thickener ☐ Sludge Drying Beds ☐ Belt Dryer ☐ Sludge Lagoons ☐ Composting

Other types of Dewatering (Please explain.)_____

18. Disposal: (Check all that apply.)

☐ Land Application Liquid Permit #_____ ☐ Land Application Dried Permit #_____

☐ Landfill ☐ Incineration ☐ Stockpile ☐ Hauling (Hauler Name)_____

Other_____

Facility Construction/Modification:

19. Is the facility proposing any new construction or facility modification at this time?

☐ Yes

☐ No

If Yes, describe in detail the nature of the construction including proposed time tables, IDEM Construction Permit Approval Number, and date of construction approval:

Facility Description:

20. Provide a narrative description of the wastewater treatment facility detailing equipment and plant layout. Providing a separate, detailed flow diagram or design summary is also recommended.

OWM Form: Affected

TO: Applicant

FROM: Indiana Department of Environmental Management
Office of Water Management
Permits Section

SUBJECT: Identification of Potentially Affected Persons

The Administrative Orders and Procedures Act (AOPA) IC 4-21.5, requires that the Department of Environmental Management (IDEM) give notice of its decision on your application to the following persons:

- (a) each person to whom the decision is specifically directed;
- (b) each person to whom a law requires notice be given;
- (c) each competitor who has applied to the IDEM for a mutually exclusive license, if issuance is the subject of the decision and the competitor's application has not been denied in an order for which all rights to judicial review have been waived or exhausted;
- (d) each person who has provided the IDEM with a written request for notification of the decision;
- (e) each person who has a substantial and direct proprietary interest in the issuance the (permit) (variance);
- (f) each person whose absence as a party in the proceeding concerning the (permit) (variance) decision would deny another party complete relief in the proceeding or who claims an interest related to the issuance of the (permit) (variance) and is so situated that the disposition of the matter, in the person's absence may:
 - (1) as a practical matter impair or impede the person's ability to protect that interest, or
 - (2) leave any other person who is a party to a proceeding concerning the permit subject to a substantial risk of incurring multiple or otherwise inconsistent obligations by reason of the person's claim interest.

IC 1-21.5-3-5(f) provided that we may request your assistance in identifying these people. Our failure to properly identify and notify these people of the decision could have the result of voiding any decision which is made.

Additionally, IC 13-15-3-1 requires IDEM to send notice that the permit application has been received by the department to the following:

- (a) the board of county commissioners of a county affected by the permit application and
- (b) the mayor of a city that is affected by the permit application, or
- (c) the president of a town council of a town affected by the permit application.

Please provide on the attached form the names of those persons affected by these statutes.

IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS

Please list here any and all persons whom you have reason to believe have a substantial or proprietary interest in this matter, or could otherwise be considered to be potentially affected under the law. Failure to notify any person who is later determined to be potentially affected could result in voiding our decision on procedural grounds. To ensure conformance with AOPA and to avoid reversal of a decision, please list all such parties. The letter attached to this form will further explain the requirements under the AOPA. Attach additional names and addresses on a separate sheet of paper, as needed. Please indicate below the type of action you are requesting.

Name _____
 Street _____
 City State Zip _____

Name _____
 Street _____
 City State Zip _____

Name _____
 Street _____
 City State Zip _____

Name _____
 Street _____
 City State Zip _____

Name _____
 Street _____
 City State Zip _____

Name _____
 Street _____
 City State Zip _____

Name _____
 Street _____
 City State Zip _____

Name _____
 Street _____
 City State Zip _____

Please Complete this form by signing the following statement:

I Certify that to the best of my knowledge I have listed all potentially affected parties, as defined by IC 4-21.5.

Signature _____ Date _____
 Printed Name _____
 Facility Name _____
 Address _____

Type of Action: (check one)

- ☐ NPDES Permit-327 IAC 5
- ☐ Land Application Permit-327 IAC 6
- ☐ Confined Feeding Approval-IC 13-18-10
- ☐ Sewer Ban Waiver Request-327 IAC 4
- ☐ Operator Certification-327 IAC 4
- ☐ Pretreatment Permit -327 IAC 5
- ☐ Construction Permit-327 IAC 3

Return To:

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 Office of Water Management
 100 North Senate Avenue
 P.O. Box 6015
 Indianapolis, IN 46206-6015

UPDATED FEE INFORMATION FOR NPDES PERMIT APPLICATIONS

The following revised fees were established, pursuant to IC 13-18-20-12, effective March 18, 1994 to defray the costs of processing the permit applications for the NPDES permit program from **all** NPDES permit applicants:

- (1) When an application is filed with the Indiana Department of Environmental Management (IDEM), concerning a NPDES Permit action a fifty dollar (\$50) application fee must be remitted. A permit action includes an application for an initial permit, the renewal of a permit, the modification of a permit, or a variance of a permit or permit limitation. If the application fee is not remitted the IDEM shall deny the permit application.
- (2) The permittee will remit the fee at the time the application, or a request for modification is filed with the IDEM. No fee will be assessed for permit modifications initiated by the IDEM.
- (3) For construction activity subject to 327 IAC 15-5, a fee of one hundred dollars (\$100) shall be submitted with a Notice of Intent (NOI) letter.
- (4) **The fees specified above will be payable to the Indiana Department of Environmental Management.** Any fee submitted will not be refundable once substantive processing of the permit application has commenced.

Additionally the issuance of (or existence of) a NPDES Permit will require the permittee to pay an annual fee for which billing will be made by the IDEM, all in accordance with Senate Enrolled Act 417, which was signed into law on March 18, 1994. This new schedule supersedes the fee schedule established in 327 IAC 5, 6, and 8. If there are any questions pertaining to the annual fee schedule contained in the regulation, they should be directed to the Program Management Section at 317/233-0569.

Please send the completed forms and appropriate fee together with a cover letter to the **Indiana Department of Environmental Management, Office of Water Management, NPDES Permits Section, 100 North Senate Avenue, P.O. Box 6015, Indianapolis, Indiana 46206-6015.**